

1. NUMBER: SAMSII-00-007	2. PCN: PB20320	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)		3. DATE: 11 April 2001	4. PAGE 1 of 7
5. TO: FD/32 Denise Morris		6. THRU:		7. FROM: Ellen Morris/CST	
8. TITLE OF CHANGE: SAMSII Increment 4 Baseline					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine			10. NEED DATE:		
11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: Increment 4 US PODF		
13. RECOMMENDED EFFECTIVITY(IES): Increment 4			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.):		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) SAMSII procedures are located in Increment 4 Final Input Wing in OPMS. These changes are required to support Increment 4 launch.					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input checked="" type="checkbox"/> Other (Specify): US PODF					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) SAMSII procedures filenames were renamed from Generic to Increment Specific procedures. No other changes were made to the majority of the procedures. Ten (10) procedures M4UEEXPRSSAMSC003, LF001, N010, N013, SH001, C001, C002, N005, N007, and R002, had additional increment specific changes. VR005 was added to clarify the changes to procedures. Specific changes are listed on the following continuation pages.					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Ellen Morris /s/		DATE: 11/April/2001	TELEPHONE NUMBER: 890-3022	OFFICE SYMBOL: CST	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE